



# NON-QUALIFIED ASSET TRANSFER

To transfer assets to a Forward Funds account with individual or joint registration. If you're establishing a new account, please attach a completed Forward Funds application form. **Do not use this form to transfer Tax Qualified Retirement Plans.**

## SECTION 1: Account Information

<b>Account Number</b>		<b>Owner's Name (Last, First, Middle Initial)</b>
Owner's Social Security Number		Date of Birth (MM/DD/YY)
Address of Residence (Required) - P.O. Box not accepted		City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)		City, State, Zip
( )	( )	
Day Phone	Evening Phone	E-mail Address

## SECTION 2: Current Custodian

To avoid delays, please confirm your current Custodian's address and if they require a Signature Guarantee. If required please complete Section 6. Attach a copy of the current account statement.

Type of Plan Being Transferred/Rolled Over \_\_\_\_\_

<b>Current Trustee/Custodian/Employer/Plan Administrator</b>	Account Number
Address of Custodian (Required) - P.O. Box not accepted	City, State, Zip
Mailing Address - If different from above (P.O. Boxes accepted)	City, State, Zip
( )	( )
Day Phone	Evening Phone

## SECTION 3: Investment Selection

Note: The Forward Funds will not accept shares in certificate form. If you are redeeming a mutual fund, please include a copy of your account statement.

**Type of Investment:**  
 Mutual Fund    Bank Account    CD    Other \_\_\_\_\_

**Type of Account:**  
 Individual    Joint    Other \_\_\_\_\_

**Redemption Instructions:**  
 Mutual Fund

Please redeem \_\_\_\_\_% shares.  
 Please redeem \_\_\_\_\_ shares in kind (Forward Funds shares only)  
 All full and fractional shares    \$\_\_\_\_\_ worth of shares

**Type of Account:**  
 Individual    Joint    Other \_\_\_\_\_

Note: No Tax Qualified Retirement Accounts

Bank Account Please withdraw \$\_\_\_\_\_    CD: Date of Maturity \_\_\_\_\_  
 All full and fractional shares    Other \_\_\_\_\_

**SECTION 4: Your Financial Representative**

Name of Firm	Branch Address City, State, Zip Code
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Firm Branch Number	Representative's Name, Number and Telephone
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City, State, Zip Code

For assistance in completing this form, call the Forward Funds at 1-800-999-6809.

**SECTION 5: Transfer Instructions**

Note: The Forward Funds will not accept shares in certificate form. If you are redeeming a mutual fund, please include a copy of your account statement.

Please make check payable to the Forward Funds.

FBO (Account Owner's Name)	Social Security #
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**Investment Allocation**

Fund Name	Share Class	Ticker	Amount	or	Percent	%
			\$ _____			%
			\$ _____			%
			\$ _____			%
			\$ _____			%
<b>Total</b>			<b>\$ _____</b>		<b>100</b>	<b>%</b>

**Investor Instruction to Forward Funds:**

Please open a new Forward Funds account for me. I have attached the appropriate application documents to this form.

Please deposit the proceeds to my existing account:

Forward Funds Investment Type	Forward Funds Account Number
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Amount

**SECTION 6: Signatures**

Please sign below exactly as your name(s) appear on the account you are redeeming/transferring from. All account owners must sign.

Signature	Date (MM/DD/YY)
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Signature	Date (MM/DD/YY)
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(      )

Daytime Telephone Number

**SECTION 7: Signature Guarantee**

A signature guarantee is required if redeeming within 30 days of changing bank information or address, in addition to sending wires, ACHs and checks to instructions other than that on record for this account.

To protect yourself against fraud, your signature(s) must be guaranteed ("Medallion Signature Guarantee") by any "eligible" guarantor. The Medallion Signature Guarantee stamp MUST include the words "Signature Guaranteed, Medallion Guaranteed" and comply with the Medallion program requirements. Signatures notarized by a Notary Public are not acceptable.

- Eligible guarantor's:
- Commercial Banks
  - Credit Unions
  - Member Firms of a domestic stock exchange
  - Savings Associations
  - Trust Companies

**SECTION 7: Signature Guarantee (continued)**

Bank or Dealer Firm

Officer's Title

Officer's Signature

Date (MM/DD/YY)

[STAMP]

**Please mail completed form to:**

**Regular Mail:**

Forward Funds  
P.O. Box 1345  
Denver, CO 80201

**Overnight Mail:**

Forward Funds  
1290 Broadway, Suite 1000  
Denver, CO 80203

**or Fax to 866-205-1499**

If you have any questions, please contact an Investor Service Representative at 1-800-999-6809 or visit [www.salientpartners.com](http://www.salientpartners.com).